

PTO/SB/03A (08-03)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## DECLARATION (CFR 1.63) FOR PLANT APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

| Title of Invention   |   |                         |   |  |  |  |
|--|---|-------------------------|---|--|--|--|
| As the below named inventor(s), I/we declare that:   |   |                         |   |  |  |  |
| This declaration is directed to:   |   |                         |   |  |  |  |
| The atta   | ached application, or                   |                         |   |  |  |  |
| <b>✓</b> Applicat  | tion No10/699050                        | filed on                | October 30, 2003,                         |  |  |  |
| as a   | mended on                               | (if                     | application);                             |  |  |  |
| I/we believe that I/we am/ are the which a plant patent is sought;   | ie original and first inventor(s) of th | ne new and distinct     | variety of plant which is claimed and for |  |  |  |
| I/we have asexually reproduced   | the plant to which this application     | applies;                |   |  |  |  |
| The plant was found in a   | cultivated area (check this box for     | a newly found plant     | only);                                    |  |  |  |
| I/we have reviewed and understance amendment specifically referred   |   | ntified application, in | cluding the claims, as amended by any     |  |  |  |
| I/we acknowledge the duty to disclosure to the United State Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part. |   |                         |   |  |  |  |
| All statements made herein of my/our own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.  |   |                         |   |  |  |  |
| FULL NAME OF INVENTOR(S)   |   |                         |   |  |  |  |
| Inventor one: DENNIS FLINT   |   | DATE: 2//               | 18/04                                     |  |  |  |
| Signature: Deuris  | W Flint Citiz                           | zen of: US              |   |  |  |  |
| Inventor two: KNUT MEYER   |   | DATE: 2 (2              | 4104                                      |  |  |  |
| Signature:   | Citi                                    | zen of: DE              |   |  |  |  |
| Inventor three: PAUL V. VIIT   | ANEN                                    | DATE: 2                 | 24/04                                     |  |  |  |
| Signature:   | - Bc                                    | tizen of: US            |   |  |  |  |
| Additional inventors or a legal i  | representative are being named on       |                         | additional form(s) attached hereto.       |  |  |  |

This collection of information is required by 37 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (09-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

he Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

## POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

| Appl  | ication Number | 10/699050                              |
|-------|----------------|--|
| Filin | g Date         | October 30, 2003                       |
| First | Named Invento  | P Dennis Flint Et. Al.                 |
|       |                | UCOSE:MALATE SINAPOLYLTRANSFERASE FORM |
| Title | MALATE CON     | JUGATES FROM BENOŽIC ACID GLUCOSIDES   |
|       | Init 1652      | Examiner Name UNKNOWN                  |
| Attor | ney Docket Num | ber BC1034USDIV                        |

| I hereby appoint:  |  |                                       | <del></del>             |                                       |
|--|--|---------------------------------------|-------------------------|---------------------------------------|
| ✔ Practitioners at Customer Number   | ber: <b>23906</b>  |                                       |                         |                                       |
| OR   |  |                                       |                         |                                       |
| Practitioner(s) named below:   |  |                                       |                         |                                       |
| No.  |  |                                       | - B                     |                                       |
| Na   | ame  |                                       | Registration N          | lumber                                |
|  |  |                                       |                         |                                       |
|  |  |                                       |                         |                                       |
|  |  |                                       | <del></del>             |                                       |
|  |  | · · · · · · · · · · · · · · · · · · · |                         |                                       |
| as my/our attorney(s) or agent(s) to pr<br>Trademark Office connected therewith              | rosecute the application identified above,<br>n.                       | and to trar                           | nsact all business in   | n the United States Patent and        |
| Places recepting as sharps the server  |  |                                       | V 4                     |                                       |
| I <del>-                                   </del>  | spondence address for the above-identifi                               | eu applicat                           | uon to:                 |                                       |
| The above-mentioned Custo  | mer Number:  |                                       |                         |                                       |
| OR   |  |                                       |                         |                                       |
|  |  |                                       |                         |                                       |
| The address associated with  | Customer Number:   |                                       |                         |                                       |
| OR   |  |                                       |                         |                                       |
| Firm or Individual Name  |  |                                       |                         | · · · · · · · · · · · · · · · · · · · |
| Address  |  |                                       |                         |                                       |
| Address  |  |                                       |                         |                                       |
| City   |  | State                                 |                         | Zip                                   |
| Country  |  |                                       |                         |                                       |
| Telephone  |  | Fax                                   |                         |                                       |
| l am the:  |  |                                       |                         |                                       |
| Applicant/Inventor.  |  |                                       |                         |                                       |
|  | tire interest. See 37 CFR 3.71.<br>73(b) is enclosed. (Form PTO/SB/96) |                                       |                         |                                       |
|  | SIGNATURE of Applicant or As   | signee of                             | Record                  | _                                     |
| Name Dennis Flint  |  |                                       |                         |                                       |
| Signature Deruis El  | ııı  |                                       |                         |                                       |
| Date 2//2/04   |  |                                       | Telephone               | 302-695-1522                          |
| NOTE: Signatures of all the inventors or ass<br>forms if more than one signature is required | signees of record of the entire interest or their r                    | epresentativ                          | ve(s) are required. Sub | bmit multiple                         |
| *Total of3 forms   | are submitted.   |                                       |                         |                                       |

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



PTO/SB/81 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS INDICATION FORM**

| Appl  | ication Number | 10/699050             | TO STATE OF THE ST |
|-------|----------------|-----------------------|--|
| Filin | g Date         | October 30, 2003      |  |
| First | Named Invento  | Dennis Flint Et. Al.  |  |
|       | SINAPOLYGL     | UCOSE:MALATE SINAPOL' | YLTRANSFERASE FORM   |
| Title | MALATE CON     | JUGATES FROM BENOZIC  | ACID GLUCOSIDES  |
|       | Init 1652      | Examiner Name         | UNKNOWN  |
| Attor | ney Docket Nur | ber BC1034USDIV       |  |

| I hereby appoint:  |                                       |                           | 7                     |             |                   |            |
|--|---------------------------------------|---------------------------|-----------------------|-------------|-------------------|------------|
| Practitioners at Customer Number:  | 2390                                  | )6                        |                       |             |                   |            |
| OR   | L                                     |                           |                       |             |                   |            |
| Practitioner(s) named below:   |                                       |                           |                       |             |                   |            |
| Name   |                                       |                           | Desistration No.      | ·           | _                 | <b>—</b> , |
| i daine  |                                       |                           | Registration Nu       | ımper       |                   |            |
|  |                                       |                           |                       |             | •                 | $\neg$     |
|  |                                       | · <del></del>             |                       |             |                   | -          |
|  |                                       |                           |                       | <del></del> | ***               | $\dashv$   |
|  |                                       |                           |                       |             |                   | $\dashv$   |
| as my/our attorney(s) or agent(s) to prosecu<br>Trademark Office connected therewith.                                    | te the application identified         | above, and to transa      | act all business in   | the Uni     | ted States Patent | t and      |
| Please recognize or change the corresponde   | ence address for the above-           | identified application    | a to:                 |             |                   |            |
|  |                                       | identinos application     | 110.                  |             |                   |            |
| The above-mentioned Customer N   | umber:                                |                           |                       |             |                   |            |
| OR   |                                       | ·                         |                       |             |                   |            |
| The address associated with Custo  | omer Number:                          |                           |                       |             |                   |            |
| OR   |                                       |                           |                       |             |                   |            |
| Firm or Individual Name  |                                       |                           |                       |             |                   |            |
| Address  |                                       |                           |                       |             |                   |            |
| Address  |                                       |                           |                       |             |                   |            |
| City   |                                       | State                     |                       | Zip         |                   |            |
| Country Telephone  |                                       | I Foy I                   |                       |             |                   |            |
| I am the:  |                                       | Fax                       |                       |             |                   |            |
| Applicant/Inventor.  |                                       |                           |                       |             |                   |            |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) |                                       |                           |                       |             |                   |            |
| SIGNATURE of Applicant or Assignee of Record   |                                       |                           |                       |             |                   |            |
| Name Knut Meyet  |                                       |                           |                       |             |                   |            |
| Signature  | 1                                     |                           | _                     |             | _                 |            |
| Date 2(2+10+   |                                       |                           | Telephone             | 50          | 6323              | पार        |
| NOTE: Signatures of all the inventors or assignees forms if more than one signature is required, see b                   | of record of the entire interest only | or their representative(s | s) are required. Subr | mit multip  | ole               |            |
| *Total of3 forms are sul   |                                       |                           | ·                     |             |                   |            |

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



PTO/SB/81 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS INDICATION FORM**

| Appl  | ication Number | 10/699050                              | _ |
|-------|----------------|--|---|
| Filin | g Date         | October 30, 2003                       | _ |
| First |                | Dennis Flint Et. Al.                   |   |
|       | SINAPOLYGL     | UCOSE:MALATE SINAPOLYLTRANSFERASE FORM | _ |
| Title | MALATE CON     | JUGATES FROM BENOZIC ACID GLUCOSIDES   |   |
|       | Jnit   1652    | Examiner Name UNKNOWN                  | - |
| Attor | ney Docket Nun | ber BC1034USDIV                        | _ |

|   |                                      |                  | -                    |               |                                       |
|---|--------------------------------------|------------------|----------------------|---------------|---------------------------------------|
| I hereby appoint:   |                                      |                  |                      |               |                                       |
| Practitioners at Customer Number:   | 23906                                |                  | <b>]</b>             |               |                                       |
| OR  | L                                    |                  |                      |               |                                       |
| Practitioner(s) named below:  |                                      |                  |                      |               |                                       |
| Nome  |                                      |                  | D1-441 A             |               |                                       |
| Name  |                                      |                  | Registration N       | lumber        |                                       |
|   |                                      |                  |                      |               |                                       |
|   | <del> </del>                         |                  | <del></del>          |               |                                       |
|   |                                      |                  |                      |               |                                       |
|   |                                      |                  |                      |               |                                       |
| as my/our attorney(s) or agent(s) to prosect<br>Trademark Office connected therewith.                                     | ute the application identified above | e, and to trans  | sact all business i  | n the United  | States Patent and                     |
| Places recognize or change the correspond   | lance address for the above identi   | fied application | ta.                  |               |                                       |
| Please recognize or change the correspond  The above-mentioned Customer N   | lence address for the above-identi   | пео аррисан      | on to.               |               |                                       |
| The above-mentioned Customer N  | lumber:                              |                  |                      |               |                                       |
| OR  |                                      |                  |                      |               |                                       |
| The address associated with Cust  | tomer Number:                        |                  |                      |               |                                       |
| OR  | L                                    |                  |                      |               |                                       |
| Firm or Individual Name   |                                      |                  |                      |               |                                       |
| Address   |                                      |                  |                      |               |                                       |
| Address   |                                      |                  |                      |               |                                       |
| City  |                                      | State            |                      | Zip           |                                       |
| Country   |                                      |                  |                      |               |                                       |
| Telephone   |                                      | Fax              |                      |               |                                       |
| I am the:  Applicant/Inventor.  |                                      |                  |                      |               |                                       |
| Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) |                                      |                  |                      |               |                                       |
| SIGNATURE of Applicant or Assignee of Record  |                                      |                  |                      |               |                                       |
| Name Paul V, Viitanen j   |                                      |                  |                      |               | · · · · · · · · · · · · · · · · · · · |
| Signature //////  |                                      |                  |                      |               |                                       |
| Date 2/27/04  |                                      |                  | Telephone            | 302 69        | 5-7032                                |
| NOTE: Signatures of all the inventors or assigneer forms if more than one signature is required, see by                   |                                      | representative   | (s) are required. Su | bmit multiple |                                       |
| *Total of3forms are submitted.  |                                      |                  |                      |               |                                       |

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.4. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.